

Check Space <input type="checkbox"/> Branch <input type="checkbox"/> Dental <input type="checkbox"/> Eng. Div. <input type="checkbox"/> Other _____	INDIANA STATE DEPARTMENT OF HEALTH Environmental Laboratory 635 N Barnhill Dr., Room 13G P.O. Box 7202 INDIANAPOLIS, INDIANA 46207-7202 CHEMICAL EXAMINATION OF WATER	Do not write in this space Lab No. _____ Date Rec. _____ Date Rep. _____
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FILL IN THIS SPACE. Indiana State Department of Health is to mail report to: _____ Name _____ Street _____ IN _____ City or Town ZIP	Also, mail copy of report to: _____ Name _____ Street _____ IN _____ City or Town
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Name of Utility or Organization _____ Supt. _____

City or Town _____

Collected by _____ Date Collected _____ Hour _____

Where was sample collected? _____ Bottle No. _____

Name unusual conditions _____

PWS Identification Number _____

FIELD INFORMATION		LABORATORY EXAMINATION					
Indicate all treatment this sample has received			Check	Do not Check mg/l		Check	Do not Check mg/l
No Treatment	Check	MO Alkalinity as CaCO ₃			Arsenic		
Chlorination		Hardness as CaCO ₃			Barium		
Plain sedimentation		Turbidity			Cadmium		
Aerated and settled		pH			Chromium (Total)		
Potassium Permanganate					Lead		
Coagulant Aide		Chlorides as Cl			Mercury		
Prechlorinated		Sulfates as SO ₄			Selenium		
Filtered		Phosphates as PO ₄			Silver		
Postchlorinated							
Zeolite softened		Fluorides as F			Iron		
Lime-soda softened		Nitrate + Nitrite as N			Manganese		
Coagulated and settled		Nitrates as N					
Phosphate treatment		Nitrite as N			Calcium		
Fluoride treatment		Sp. Cond. µmhos/cm			Magnesium		
					Sodium		
		Organics			Potassium		
		Endrin					
		Lindane					
FIELD EXAMINATION		Methoxychlor					
pH		2, 4-D					
CO2 mg/l		2, 4, 5-TP			Radionuclides		pCi/l
Iron mg/l		Toxaphene			Gross Alpha		
					Gross Beta		

REMARKS:
